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ABSTRACT

This manual is aimed at therapists working in education settings who may have limited experience in real-life consultation situations. The first chapter discusses educational consultation as a process, including contracting, planning, and evaluation/termination. The second chapter presents strategies for collaborative decision making. Chapter 3 focuses on tips for making meetings more effective and accurately diagnosing problems. Chapter 4 presents guidelines for training other adults, including parents, teachers and other professionals. The last chapter gives advice on how to relate to irate clients and others. Contains 10 references and 12 additional resources. (PB)

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Consultation and Team Skills for Therapists in Educational Settings

Penny Reed, Judith Hylton,
Nancy Cicirello and Sandra Hall

TIES: Therapy In Educational Settings

A collaborative project conducted by the Child Development and Rehabilitation Center University Affiliated Program, the Oregon Health Sciences University and the Oregon Department of Education, Regional Services for Students with Orthopedic Impairment. Funded by the U.S. Department of Education, Office of Special Education and Rehabilitation Services. Grant number G008630055.

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CONSULTATION AND TEAM SKILLS FOR THERAPISTS IN EDUCATIONAL SETTINGS

Penny Reed, Judith Hylton,
Nancy Cicirello and Sandra Hall

February, 1990

PREFACE

INTRODUCTION

Physical and occupational therapists, like other professionals who practice in school settings typically are well trained in the content of their professions and are skilled in the assessment and treatment of children who have special needs. However, few therapists have had an opportunity to receive training in the processes needed to actually operate in schools and have not yet learned how to function in roles such as consultants, team members or participants in different groups. This manual pulls together materials about these roles from a variety of sources and adapts them particularly for therapists. The manual offers a discussion on consultation as a process, information on collaborative decision making, tips for making meetings more effective and guidelines for training other adults. We recognize that the information offered here represents just the tip of the iceberg. We hope it will be useful to you and believe you will want to read in-depth information. Therefore, we have ended the manual with a list of resources that we hope you will find useful.

This manual deals with consultation as it is viewed in educational settings, as a process in which a professional works with adults to help them solve problems related to meeting student needs. This process can include teaching clients to implement certain intervention strategies for students who may or may not be clients of the therapist as well. We recognize that consultation is viewed differently by the American Occupational Therapy Association (AOTA) which separates the functions of meeting the needs of other professionals from teaching them to implement intervention programs.

In AOTA's Guidelines for Occupational Therapy Services in School Systems (1987), consultation is defined as, "...the use of professional expertise to meet the needs of others in the educational system"; and monitoring is defined as, "...the teaching and technical supervision of other persons who are involved with the implementation of intervention programs." We find no fault with this approach and consider it as simply different from the one typically used in education.

Because the intent of all of our manuals is to offer therapists information that will contribute to their operating successfully in educational settings, we have chosen to develop this manual around consultation as it is viewed in educational settings.

BACKGROUND

Project TIES: Therapy in Educational Settings is a collaborative effort conducted by the University Affiliated Program of the Child Development and Rehabilitation Center at the Oregon Health Sciences University, and the Oregon Department of Education, Regional Services for Students with Orthopedic Impairment. Project TIES was funded by the U S Department of Education, Office of Special Education and Rehabilitative Services, grant number G008630055. The goal of this three year project is to develop training materials for physical therapists and occupational therapists who work in schools with students who have a severe orthopedic impairments.

The topics for these training materials were determined through a series of formal and informal needs assessments by therapists practicing in schools in Oregon. Project staff then

grouped the identified needs into topical categories and determined the format that would best convey the content of each topic.

The training materials were developed primarily for therapists who are new to the unique demands of the school setting or who have had little experience with children who have a severe orthopedic impairment. Other people such as administrators, teachers, aides and parents will find these materials helpful in understanding what therapists do and the rationale behind their efforts to integrate students' therapy programs into the larger context of their educational programs.

This manual is one of eight manuals and two video tapes completed by Project TIES. The titles of these materials are listed below.

Adapting Equipment, Instruction and Environments in Educational Settings

The Art of Coaching: Training Nontherapists in the Functional and Physical Management of Students **video**

Considerations for Feeding Children who have a Neuromuscular Disorder

Consultation and Team Skills for Therapists in Educational Settings

A Model Plan for the Supervision and Evaluation of Therapy Services in Educational Settings

The Role of the Physical Therapist and the Occupational Therapist in the School Setting

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Teaching Nontherapists to do Positioning and Handling in Educational Settings

Teaching Nontherapists to Protect Their Backs When Moving Students who have Physical Disabilities **video**

The Therapist's Role in Adapted Physical Education

ACKNOWLEDGEMENTS

Many people contributed their expertise, time and support to this project. We especially want to thank the physical and occupational therapists in schools throughout Oregon who field tested these materials and offered many valuable suggestions for their improvement. We thank our fine support staff, Renee Hanks, Vicki Klum and Lyn Leno for their efficiency and good humor even while typing revisions of revisions. And we thank the

children in Oregon's schools who have taught us how we learn.

We are grateful to Dr. Gerald Smith, Director of Training, University Affiliated Program at Oregon Health Sciences University; Patricia Ellis, former Associate Superintendent of Special Education; and Karen Brazeau, current Assistant Superintendent of Special Education, Oregon Department of Education, whose vision was essential to the inception of this undertaking and whose support vastly contributed to its successful execution.

We are indebted to Allan Oliver, former Art Director of the OHSU Design Center, for his fine work and infinite patience in developing a cover design and to Michele Dahl for her skill in developing the diagrams.

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February, 1990

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TABLE OF CONTENTS

1. Consultation as a Process 2
   - Entry
   - Contracting
   - Action Planning
   - Action Taking
   - Evaluation and Termination or Recontracting

2. A Collaborative Decision Making Process 13
   - The Process
   - Strategies for Improved Decision Making

3. Making Meetings More Effective 21
   - Diagnosing Meeting Problems
   - Group Expectation Survey
   - Symptoms of a Problem
   - Reaching Agreement

4. Guidelines for Training Others 31
   - Helping People Accept Change
   - How People Accept New Ideas
   - Differences Among Individuals
   - Providing Training in an Inservice Format

5. Dealing with Irate People 35
   - Complementary Transactions
   - Can I Say "No"?
   - The First Four Minutes
   - Success Formula

Appendix 41
   - References
   - Resources

We live in an era of rapidly expanding opportunities to acquire information but of constricting opportunities to reflect, engage in sustained discourse with others, and clarify our beliefs about the times and circumstances in which we live.

Goodlad, J.I., (1984). A Place Called School. New York: McGraw-Hill, p. 15.

1. CONSULTATION AS A PROCESS

The material which follows on pages 2-15 is an adaptation of ideas developed by Dan Phelan, Director of Special Education, Toppenish School District in Toppenish, Washington. Phelan, an experienced educational consultant has written about and conducted training in consultation as it applies in educational settings. With his permission, we have liberally altered some of his written material in order to tailor it to physical therapists and occupational therapists.

Consultation consists of a series of fairly simple phases that make up a complex process. As with any human interaction, the phases do not flow in an uninterrupted, smooth progression but move back and forth in a sometimes unpredictable, but nonetheless comprehendible manner. Most consultants who are effective recognize the dynamic flow of the phases and use their awareness to manage the process.

The five phases of the consultation process are listed below and then described in detail.

PHASE I.	ENTRY
PHASE II.	CONTRACTING
PHASE III.	ACTION PLANNING
PHASE IV.	ACTION TAKING
PHASE V.	EVALUATION AND TERMINATION, OR RECONTRACTING

PHASE I. ENTRY

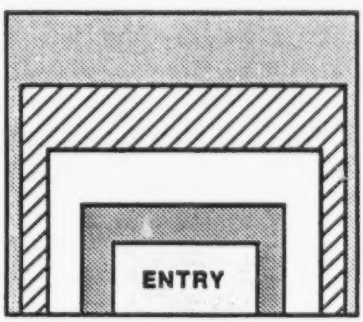

Figure 1.1 Entry

How many times within schools and school systems do we hear comments such as, "That's the last kid I'm going to talk about to her!" "How can she possibly understand what I'm going through when she takes one student at a time, while I'm coping with a class of twenty-five?" "Each time I try to discuss a problem, I get a lecture handed down from on high." "All she knows about is her tests and test scores. She never can help with what this means for working in my classroom with particular children." "He sits in his office writing reports all day while I'm managing a group of difficult children." In contrast to this is the school where we hear, "The resource personnel have made it through this initial period with us teachers. From here on it should be smooth sailing."

Consultation, essentially a helping relationship, begins the moment initial contact is made between the person seeking help with a problem and the person who is in a position to help. The consultative process always progresses within the context of a personal relationship, and two variables always operate throughout the process: the <u>work</u> on the

problem itself, and the relationship between the consultant and the client.

Intrapersonal Conditions of the Consultant Consultants first must establish communication and authenticity in their own personal styles, a task easier for some than for others. For instance, some people have a presenting self that is naturally rather easy and non-threatening while others show a certain shyness that comes across as aloofness or superiority. People who help others must assess their own personal style and learn what in it promotes a climate of openness, trust and credibility, and what in it impedes relationships.

Another part of self-knowledge comes from recognizing our own feelings as we enter the relationship. We almost always carry some baggage of fear into a new situation and wonder, "Will I be accepted by the other person? Will I be competent? What do I have to offer in this situation? What are my own needs? What can I learn from this relationship?" Knowledge of our personal style and our own feelings are needed before we try to help someone else.

Establishing Interpersonal Relationships Along with these intrapersonal dimensions are interpersonal roles that must be established. In any helping relationship the person asking for assistance sees the helping person as a superior or an authority. For example when a teacher consults with a physical or occupational therapist about a child's motor development, she sees them as having more specialized knowledge and expertise in this area. Parents at an IEP meeting usually see the school staff as having authority over their child's education.

The consultant's task is to reduce the anxiety and defensiveness of the person asking for help. This requires that the consultant define her role to the person asking for help as soon as possible. The consultant should make it clear that she is not there to evaluate, judge or gather information that will be reported to a supervisor. The consultant's role is that of a fellow traveler who is there to help the person who has the problem to define it and develop and carry out a plan for solving it.

Identification of the Client Another part of the entry is to identify the client. Often, it is difficult for the consultant to know who is to receive the direct help and feels confusion. One example is the therapist consultant called into a school by the principal because of problems related to bathrooming a child and the child's behavior that is so disruptive no teacher is willing or able to work with him. The consultant can very easily become confused about who is the client in this situation. Is it the principal, the child, or the teacher? In a troubled situation such as this, the consulting person must assess the situation and clarify to all concerned just who will receive direct help. If the consultant takes the problem away from the principal and works directly to solve it, she is no longer consulting; she is doing an administrative function. On the other hand, if the teacher is the one asking for help and is willing to work on the problem, the teacher is the client.

Restatement of the Presenting Problem The final step in the entry phase is to elicit a statement of the problem from the client as he experiences it. The consultant has two important jobs at this time. First, to clarify the problem by restating it for both the client and the consultant. This is done best by listening actively and then reflecting what is heard in the client's framework of thought and vocabulary. Often the client's statement the problem reflects only part of it or does not reflect the problem at all. Yet during entry the

consultant must restate the presenting problem in such a way that it stays with the client. You are no longer a consultant if you take the problem away from the client and solve it for him. The consultant's second task is to establish their credibility in relation to the problem. To relate an experience with a similar problem can help to demonstrate skill, knowledge and ability to work in a problem solving relationship. Not until there is clarity and communication between the client and the consultant as to what problems will be addressed can the consultant then move ahead to the second phase of the consulting process, contracting.

To summarize, the following things must be accomplished during Phase I:

. Establish rapport and credibility with the concerned parties
. Define the consultant's role
. Identify the client
. Restate the presenting problem

PHASE II. CONTRACTING

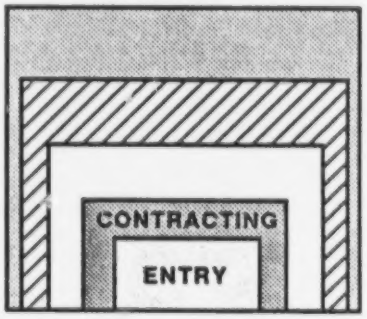

Figure 1.2 Contracting

The word "contract" conjures up images of lawyers with triplicate copies of documents covered with fine print in a language designed to confuse everyone! Yet the purpose of a contract is to clarify, specify and formalize the relationship between the parties entering into an agreement. In the consultative process contracting is vital to insure a successful working relationship between consultant and client. Without a clear agreement about what problem will be worked on, what results are expected, who will be doing what when, and fees involved, if any, the consultation may result in an unpleasant morass of misunderstandings.

Formal and Informal Contracting Contracting can be done either formally or informally. Generally, consultants from outside an agency use formal contracts and those from inside the agency use informal verbal contracts.

Elements of a Contract A good contract is specific, realistic, measurable, and time phased. Both formal and informal contracts should contain the four basic elements as described below.

a statement of the problem What is the reason for the consultation? How do both the client and the consultant understand the problem?

a statement of outcomes What results do both client and consultant hope to see as a result of the consultation?

a statement of roles What will be the consultant's responsibilities and roles? What activities will she engage in? Likewise, what will the client be doing to work with the consultant?

time frame and fees How long will the consultation continue? When, specifically, will client and consultant meet? What fees are involved, if any?

During the contracting phase, the consultant must ask herself, "What kind of help should I offer based on what I know about the client's needs?" "What kind of help is the client ready to receive?" "How should I give this help?" These questions are similar to ones asked when planning for a student. Just as the kinds of help that can be offered to a student vary, so do the kinds of help a consultant can offer a client. The help may include training, assistance in diagnosing or making suggestions for working toward a problem's solution. During contracting the consultant and client should come to an agreement of the kinds of help the consultant will provide.

Consultant Stances When deciding which kinds of help to offer, the consultant adopts a particular stance that can range from directive to non-directive. When taking a directive stance, the consultant takes more responsibility for coming up with solutions. As the stance becomes less directive, the consultant shifts to helping the client develop his own solutions.

Psychological Contracting Because consultation is an interpersonal relationship, an agreement to work together as consultant and client extends beyond verbal or written words to a psychological contracting between the two parties. It is a commitment to work together toward change and a foundation of mutual trust and respect so essential to a mutually satisfying relationship that make a contract truly binding.

To summarize, the consultant's tasks during Phase II are to:

. Develop a contract with the client.
. Assess how much direction the client needs in order to be successful.
. Recognize the importance of psychological contracting and ensure that it occurs.

PHASE III. ACTION PLANNING

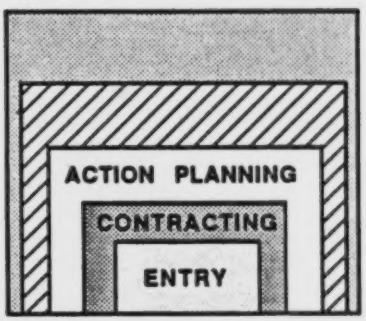

Figure 1.3 Action Planning

Rationale After establishing a working relationship and a contract, the consultant and the client must consider the practical aspects of the situation they have agreed to work on together. For example, if managing the physical needs of a child with a physical disability means the teacher must forfeit a mid-morning break or a planning period, this presents a real problem. In all probability the inconvenience will relate to other problems such as an inability to cope with emotional pressures or lack of time to prepare materials. It is possible to work constructively through problems such as this by using the process presented below in the Action Planning phase as a guide.

Problem Solving as a Creative Tool Many people who are inexperienced as consultants are inclined to jump immediately from "problem" to "solution" without first exploring ways to generate creative thinking and behavior. This is similar to planning a journey and anticipating new experiences that can invigorate and offer meaningful insights to our regular living patterns. In this framework, problem solving includes the exploration of the possible routes that can lead to the same place. Each client, situation, concern and environment are unique and require different handling. Even two students with similar problems will probably require different solutions.

The Problem Solving Process Problem solvers can use guideposts such as the steps depicted below to direct their journey toward decisions and actions and thereby allow the consultation process to occur in a logical sequence. The arrows represent a dynamic flow that moves forward when a step has been completed and backward when more clarity is needed.

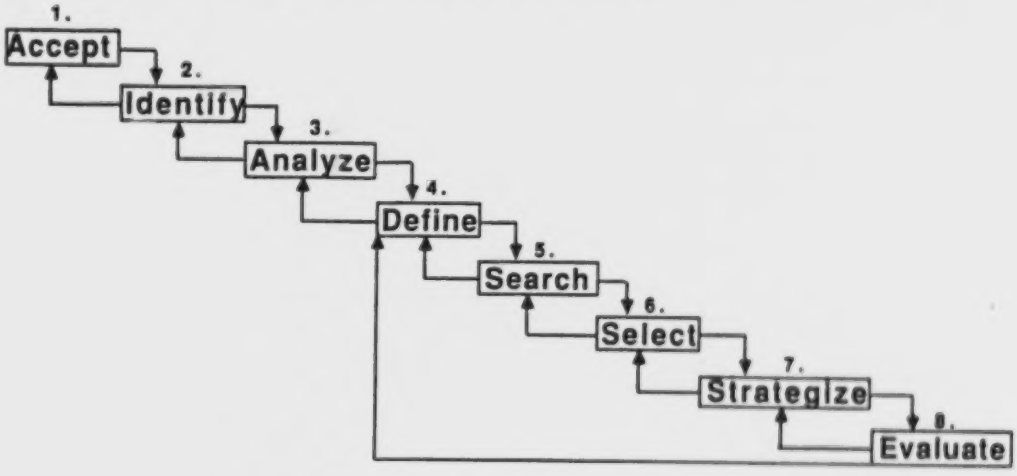

Figure 1.4 Problem Solving Process

Following is a process that a consultant would lead clients through in order to help them become active participants in solving their own problems.

1. **Accept the situation.**

   Purpose To help the client accept the problem as a challenge and take ownership of it.

   Method List the demands that the problem makes on the client. Ownership is indicated with statements that begin with "I need to ...", or "My concern is ..."

2. **Identify the facts.**

   Purpose To help the client identify and collect all the pertinent data related to the problem as a diagnostic procedure.

Method Compile all the information available. Ask questions such as: "Who is involved? How does the situation affect each individual? What has already been tried to solve this problem and with what result? When is the problem most and least critical? What background information is significant? What additional information is needed and where can it be found?"

3. **Analyze the problem.**

Purpose To help the client understand the separate parts of the problem as well as the relationships among them in order to see the whole picture.

Method Make a diagram of the problem. This can take many forms such as symbols and arrows that represent people and dynamics, relationships, time-energy comparisons, and statistical data. Prepare the diagram as if you were going to use it to present the situation to someone who is unfamiliar with the circumstances.

4. **Define the problem.**

Purpose To help the client identify the main issue of the problem and clarify it by making a statement.

Method Write a definition of the situation that needs improvement. This written definition can form a bridge between the analyzed facts and your understanding of the problem. The definition becomes the focus for future decisions and in the end will be translated into a solution. Remember, definitions must be restated when problem situations change or new insights are gained.

5. **Search for idea.**

Purpose To help the client generate and recognize alternative ways to deal with the stated problem.

Method Brainstorming is one of the most useful methods for producing ideas. It requires two to 12 people who are familiar with the situation and committed to generating in a short, set period of time (two to 15 minutes) as many ways as possible to deal with a situation. Brainstorming is just what the word implies, a rapid, spontaneous explosion of unedited ideas. Ideas are recorded, preferably where everyone can see them because an essential part of brainstorming is the combining of two or more ideas. <u>During the storm strive for quantity. Judgement, criticism and discussion of the ideas must be deferred until the storm is over.</u>

6. **Select an idea.**

Purpose To help the client identify the best way to reach the desired outcome as stated in the definition.

Method One way to organize ideas when many ideas are available is to group them according to similarity. Once this is done the ideas then can be rated as most, moderately, or least preferable based on how much impact they can be expected to have on the defined situation. In order for an action plan to be successful it must be a plan that is endorsed by all parties concerned. This does take time but it is worth it.

consider
- impact time & effort needed
- resources needed
- cooperation from others
- what other problems might this plan cause?

7. **Strategize the action.**

Purpose To work with the client to outline a procedure for putting the selected ideas into action.

Method Ask, "What steps must be taken to accomplish this action?" and write the answers on a paper in columns showing who will do each step where, when, and how. Planning the steps and establishing a timeline will help all parties transform the abstract ideas into reality.

8. **Evaluate the process and the plan.**

Purpose To review with the client how the problem solving process is proceeding and how effective the plan is.

Method Explore how well the problem solving process proceeded by asking, "What was learned from using this method? What was it necessary to recycle at certain points? Was there a time when your view of the problem changed? If so, when and why?"

To measure how well the plan meets defined outcomes, it is useful to make a progress chart that will record certain results in terms of related tasks.

Additional information about this process con be found under A Collaborative Decision Making Process, pp. 13-20.

Summary

The consultation process is one for setting realistic goals that can make change possible. Structured planning, recognized by organizations, business, and governments as a necessary function to succeed also makes sense in the context of daily living. This can be illustrated by the image of the traveler who decides to visit a foreign country for his annual vacation. Making preparations for the trip can take more time than the actual journey. It is necessary to collect and analyze information, define a goal, search for and select alternatives, and finally decide the best way to spend the time. Strategizing includes all the practical things that must be done before departure. Continuing evaluation is needed to determine if all the steps have been taken properly. When circumstances change, goals must be redefined. However, the anticipation of the new experience keeps the process

moving so that the destination finally becomes a reality. If the problem solver can identify with the traveler's spirit of adventure and enthusiasm during the planning phase, the action taking phase will bring results.

PHASE IV. ACTION-TAKING, OR HOW TO BE IN THE SHOW WITHOUT TAKING CENTER STAGE

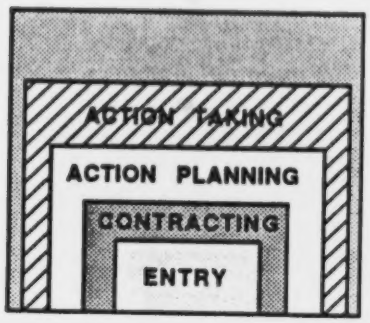

Figure 1.5 Action-Taking

During the action-taking phase the consultant often feels out of place, or "back stage" with little or nothing to do. The client now is implementing the carefully developed plans, and experimenting with new strategies or materials. But what does the consultant do during this phase? Often consultants believe their usefulness is over at this point and leave the client to his own devices. This is like asking actors to stage a show with no help backstage. The actors' success depends on support from behind the scenes, by people such as the stage manager who makes sure props and scenery are ready, the director who trains the actors, and the friends and fans who cheer the actors on.

There are many ways consultants can offer support from "behind the scene" during the action-taking phase. They can offer workshops to help clients develop the skills needed to implement the plan of action. For example, if the plan involves increasing a child's attending behavior the consultant might offer a workshop on how to promote attending skills through proper positioning and placement of materials. Consultants also can locate necessary materials and resources for the student and help teachers learn how best to use them.

Trying something new can generate anxiety, particularly when results are not immediate and easy to measure. A teacher confronted for the first time with a child who is disabled may feel anxious about providing him with special materials because she doesn't want to make him feel "different." If the child progresses too slowly with these materials the teacher may quickly discontinue them. An important role for the consultant here is to give the teacher supportive, guiding feedback to relieve her anxiety and to help her see small successes.

Not all plans work, and problems will, without doubt, arise during the action-taking phase. Therefore, the consultant must remain readily available to the client. Plans and strategies need frequent evaluation during this phase. If they are not working, the client and consultant should replan. This process of evaluation, replanning and implementation is needed during the action-taking phase in order to insure the success of the consultation.

PHASE V. EVALUATION - TERMINATION OR RECONTRACTING

The word "evaluation" can trigger an almost instinctive recoil in some people, conjuring up report cards, grades and the anxiety of passing or failing, or it can connote unwanted

endings or separations. "Evaluation" can mean reams of paper requiring circles, checkmarks or "brief" comments which soon will end up in a wastebasket.

Evaluation increasingly is required in the teaching profession because school systems want greater accountability from their staff. Unfortunately, evaluation is too often an end in itself; teachers fill out evaluation forms because they must, not because they find the information gained useful.

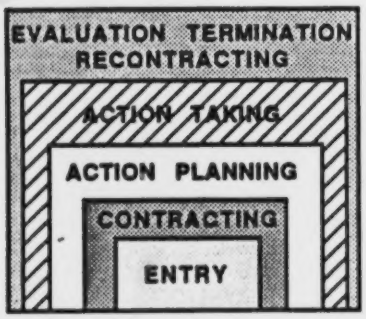

Figure 1.6 Evaluation

So Why Evaluate? To be meaningful, evaluation must be part of a recycling process where information gathered is used to improve, refine or redirect the process or to signal that it has been successful and can be terminated. For example, in therapy, frequent evaluation can tell therapists if their strategies are working or not.

Evaluating the Consulting Process Evaluation is vital in the consulting process. During the action-taking phase, the consultant and client frequently evaluate for the purpose of replanning or refining strategies. They evaluate the process of change and recycle the information back to the action-planning stage of the consultative process. At some agreed upon point, the consultant and client also evaluate the consultation as a whole in order to gather information for deciding whether to terminate their working relationship or to recontract. The evaluation can focus on any or all of the following areas.

design, or overall plan of the consultation

outcomes, or the results of the consultation

context, or the working conditions and the interpersonal climate of the relationship

Take the example of a physical therapist-consultant and classroom teacher who have been working together to develop a new student's IEP. The consultant conducted both formal tests and an informal observation to determine the child's level of functioning. She then talked with the teacher about the instructional and non-instructional activities in the classroom and larger school environment. Together, they targeted activities the student could do using his walker and those he could do using a manual wheelchair. They discussed the different areas of the school campus he needed to access, the time available between and during scheduled activities and the expectations of other staff. The teacher and therapist planned ways to use peers for support and developed a way to teach them about his disability and need to be independent. They ended their meeting with a scheduled time to meet again and an agreement that the teacher would update the consultant by telephone at the end of the first week or sooner if she had questions or concerns.

When evaluating this particular consultation, the following questions could be asked to assess different components.

component	question
design	Were results from the formal and informal assessments useful for developing the needed plans?
outcomes	Was an appropriate intervention plan developed as a result of the collaboration?
context	Did the consultant and client have enough time to meet and exchange information? Were they committed to working together? Did they find their interpersonal relationship mutually satisfactory?

Evaluation of a consultation can be conducted either formally, through a written form or a report, or informally through an interview with the client. Either way, when planning the evaluation, the consultant should keep in mind the goals of the evaluation and ask, "What do we need to know and why?" The information gained should be mutually useful for both the client and the consultant.

Termination Sounds Fatal! The termination of a consultative relationship should be planned well in advance so the client and the consultant can prepare themselves for it. Deciding to end a consultation often is difficult for both of them, particularly if the consultant is "an insider." A teacher may be afraid the consultant will interpret her decision to terminate as a personal rejection. Or the consultant may, like a parent with a growing child, find it difficult to accept the client's growing independence.

In the long run, the goal of any consultation is to move the client toward independence. Although a consultation usually focuses on only one child, what a teacher learns during the consultation often can be generalized to other children. For example, if the teacher learns how to plan materials for a child who has both a motor impairment and a visual impairment, she probably will become more aware of how to position materials for other children as well. Termination, although often difficult to accept is generally the best sign that the consultant has been successful! Knowing that help is available when it is needed will make termination easier to accept. If it is possible for the teacher to request consultation again, if it is needed, she should be told about this.

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2. A COLLABORATIVE DECISION-MAKING PROCESS

During the consultation process it often is necessary for the therapist-consultant to participate in a decision making process with the client. Additionally, therapists typically serve on one or more teams in the educational setting. Teams are required by PL 94-142 when making decisions about students with disabilities. Whether it is a multidisciplinary team, IEP committee, motor development team or related services team--all must make decisions, often very complicated and important ones. Although decisions often are made spontaneously, the lack of a planned process can lead to problems. Teams or groups which follow no structured process often arrive at a decision without considering important alternatives or move so quickly that some participants believe their ideas were not heard. The use of a planned, structured process can improve the quality of decisions.

The following five-step decision-making process fits well with the consultation process described in the first section of this manual. It can be used in any situation where two or more people must make a decision.

The Process includes the following steps.

defining the problems and gathering information	Members collect data sufficient for the team to identify and state the problem clearly.
generating alternatives	Members propose as many solutions as possible. (Brainstorm)
selecting alternatives	The team evaluates alternative interventions, selects the most viable ones and plans how to implement and monitor the interventions.
implementing the plan	The team implements the service plan.
monitoring the plan	The team evaluates according to the plan and adjusts as needed.

STEP 1: DEFINING THE PROBLEM AND GATHERING INFORMATION

Team members provide information based on results of evaluations and clinical experience. They all should share information such as child evaluation data, knowledge of timelines or schedules, personal experiences, or any other relevant information.

Because team members must have an adequate understanding of the problem at hand they may need additional data in order to identify needs and establish goals. It is important to tap all those involved for information and to differentiate fact from opinion. Information gathered might uncover results of new techniques or other information which might expand

the pool of alternatives.

Based on the information collected, the team defines the problem, couching it in terms of the discrepancy between the present situation and the desired goal. The problem statement represents only this discrepancy and is not stated in the form of a solution. For example, if managing the physical needs of a child with a disability means the teacher must forfeit a mid-morning break, the problem statement might be, "There is no time available to take Suzie to the bathroom; at least 10 minutes is needed two times a day to do this."

STEP 2: GENERATING ALTERNATIVES

Here the team generates as many alternatives as possible while a member lists all alternatives (on a flipchart or blackboard) so everyone can see them. During this phase, the team brainstorms. See page 7 for some pointers on using brainstorming. These guidelines may be helpful:

- List all possible solutions.
- Build on previous suggestions. Consider long and short term alternatives.
- Encourage unusual suggestions which could lead to excellent, viable solutions.
- Insist on full group participation. Maintain an atmosphere of trust.
- Do not evaluate alternatives during this step.
- The leader announces that the team will begin brainstorming, particularly if new members (such as parents) are present, and states the purpose of brainstorming (to generate as rapidly as possible, as many alternatives as possible).
- A short time line (such as 2 minutes) may help stimulate brainstorming and eliminate discussion.

STEP 3: SELECTING ALTERNATIVES

At this point, the team systematically evaluates the benefits of each alternative in light of the needs identified earlier. In order to do this, the team does the following activities.

- Evaluate the alternatives against optimal standards.
- Evaluate the alternatives relative to overall goals.
- Acknowledge and reexamines any unstated assumptions.
- Check to ensure that alternatives make full use of all resources and disciplines at hand, or test some combination of alternatives as a viable solution.
- Explore how each alternative will affect the family, and the extent of family commitment to alternatives. Evaluate main effects as possible side effects.

There are four alternatives for Step 3. They are:

- One conspicuous alternative is available, which the team obviously implements.
- Multiple, viable alternatives have been proposed and one is selected for implementation.
- A combination of two or more alternatives is selected from among the many alternatives proposed.
- No alternative is acceptable. The team needs to review the overall goals, and gather more information.

Once an alternative is selected, a plan is designed for implementing and monitoring the intervention strategies. The team maintains accurate records while developing the plans so everyone has a common understanding and acceptance of the solutions and goals.

During the implementation and monitoring planning activities, the team:

. Plans the sequence of steps to be taken, including procedures to monitor results.
. Formulates evaluation criteria and methods for collecting the data.
. Determines and assigns roles and responsibilities.
. Identifies the necessary resources and determines how they will be provided.
. Establishes target dates for each step, including evaluations.
. Designates a case manager.

STEP 4: IMPLEMENTING THE PLAN

During the implementation phase, the team follows specifically the agreed upon plan because any significant deviations will alter other aspects of the plan and result in ineffective delivery of services.

STEP 5: MONITORING THE PLAN

The team assesses the outcomes to determine if they are meeting the goals. Was what happened what was intended to happen? If the results are not as expected, the team determines the reason for the discrepancy:

. Was there insufficient data in Step 1?
. Has there been a new development in the case?

If the results are unacceptable, the team will have to:

. Reexamine the evaluation criteria. Perhaps the wrong thing is being measured.
. Reexamine the previously generated alternatives.
. Recycle the problem through the 5-step process.

STRATEGIES FOR IMPROVED DECISION MAKING

If you have identified problems in your team meetings, the following suggestions may be helpful. The suggestions are from Decision-Making for Early Services: A Team Approach (1986). The suggestions are grouped into sections based on a five-step decision-making process.

STEP 1: DEFINING THE PROBLEM AND GATHERING INFORMATION

If the team has difficulty with problem definition because of...	then
communication problems...	. Ensure that all members understand reports, by adopting a standard protocol for reporting data during meetings and for written reports. . Eliminate jargon and fuzziness. . Consider if the team is focused on lower-order goals or symptoms instead of problems, and encourage it to reexamine the goals and state the problem in different words.
inappropriate data...	. Review the components of the plan so all members understand and accept them. Restate the problem, using different words. . Determine if appropriate disciplines are represented. . Determine if data are sufficient to identify the problems. . Identify other measures which can gauge progress.
members are unaware of competence in other disciplines and do not value their contributions...	. Clarify qualifications, areas of function addressed, types of evaluations and interventions provided. New members, especially, need to know about other members and establish their own credibility. . Help family members recognize the competencies of professionals on the team. . Help team members recognize the families' ability to help gather information about needs in the home environment.
lack of commitment interferes with participation...	. If it's a knowledge issue then clarify team goals and benefits, particularly for new members.
too much information gathering...	. Reexamine group norms and if needed, define a "reasonable" time limit for information gathering. . If a "blocker" persists in excessive data collection, give appropriate feedback about the dysfunctional role.

not enough information gathering...

- If unrealistic time constraints are imposed by the organization, the team leader, should negotiate.
- Outside agencies and community organizations may be contacted for data gathering purposes and to prepare for eventual transition.

STEP 2: GENERATING ALTERNATIVES

If your team generates too few alternatives because of...

non-participation...

then

- Try brainstorming in rotation, with each member giving only one idea at a time so everyone, regardless of status participates. (This is a good way to involve a new member.
- Reexamine the problem statement for clarity, to see that it is stated as a problem, not a solution. Write it where others can see it.
- Keep channels of communications open, especially during early stage of working together when members may be unsure of team processes. Provide feedback and positive reinforcement for improvement.
- Review group norms. Ensure that members are not intimidated. Any kind of evaluation during this stage will severely limit contributions, especially if a member is insecure professionally. Allow no destructive humor, verbal or non-verbal!
- Set a time limit (or change the time limit that has been used).
- Reexamine meeting style. Overly formal meetings may stifle participation.
- Be cautious about perceptions regarding the case and its ultimate disposition. It's important to reconsider all avenues and not limit thinking with overly "realistic" assessments.

group think? lack of support for new ideas...

- Reexamine group norms. Too much conformity is dysfunctional if members won't risk being different.
- Examine reasons group may have become stale.
- Be sure that assessments and alternatives take into account the non-clinical environmental conditions which affect the student.

size; too small to generate enough alternatives...

- If the group's size is limited by the agency, negotiate to increase the size for increased efficiency.
- poor attendance may be due to open-ended meetings. Develop an agenda, post it, review and clarify at meeting outset, and then stick to it.
- Provide appropriate feedback to a long-winded member who may be driving attendance down.
- Parents may be involved here for their input. Focus on their realistic concerns.

STEP 3: SELECTING ALTERNATIVES

If your team can't reach agreement because of...

rivalry due to professional overlap...

then

- If the leader is unable to keep communications flowing and to establish an atmosphere of trust, consider using a process consultant for a team-building session.
- Consider the needs of community organizations for transition requirements.

lack of understanding of how teams function...

- Devote a session to reviewing concepts about team dynamics. To ensure participation, each member can present one aspect, field questions.

"steamrollering" by one group member...

- Leader must be sensitive to group interactions and take action to keep team on task.

grabbing at ready solution...

- Ensure all alternatives are evaluated.
- Address the student's and families' potential when selecting a service plan.

domination by high status member...

- Leader should strive to minimize impact with appropriate feedback and review of team-building concepts. If the assigned leader is the high status member, an "emergent" leader might tackle it or group can form coalition.

lack of resources preventing selection of optimal solution...

- Perhaps more data gathering will uncover the necessary resource, but it can be potentially frustrating.

team decision being counter to organizational policy...

. Leader can attempt to persuade or negotiate with organization.

insufficient member involvement in selection process; leader doesn't seek consensus...

. Reexamine group norms. Decisions reached by consensus are more likely to be supported and therefore are more likely to be carried out.
. Involve members in determining ways to measure plan's efficacy, ultimate ways to evaluate progress.

rivalry obstructing decision-making...

. Team leader must be aware of coalitions, minority rule or other interactions which block decisions. Goal clarification and team assessment of its function level may help. use a consultant to clear the air.

STEP 4: IMPLEMENTATION

If your team selects good solutions, but problems are still not solved because...

member doesn't perform as expected...

then

. Ensure members understand what needs to be done and provide appropriate resources. Role assignments may have been premature. Poor listening skills may impact understanding.
. Member may lack necessary skills and task may need to be reassigned.
. Reexamine the selection process - members are more likely to support decisions reached through consensus.
. Non-collaboration may interfere with member performance. Leader should be sensitive to possible conflict, ensure overall student goals are understood.
. Ensure that the person who will implement the plan is fully involved in developing the plan, is informed of each proposed step, and has no serious reservations regarding feasibility.

organizational and team goals in conflict...

. Review the decision-making process (a step may have been omitted).
. If, after reevaluation, solution still seems good, try negotiation.

STEP 5: MONITORING THE PLAN

If your team has problems with follow-up because of...

invalid role expectations...

then

. Devote a meeting to the issue of competencies, responsibilities. Problem areas can be identified and mediated.

unwillingness to try new alternative if required...

. Reexamine norms. Group think may prevent team from looking at issue.
. Also reexamine all possible areas of increased potential. Perhaps improved self-esteem or ability to cope can be a significant measurement of the efficacy of the treatment plan.

insufficient record-keeping...

. Document monitoring criteria to ensure understanding of procedures.

lack of reward for success in organizational context...

. Goal dissonance may cause a ho-hum organizational attitude toward successful team outcomes. Team should reward itself.
. Share success reports. Allow them to gain the team's perspective in terms of efficacy.
. Monitor success for demonstration to organization and others.

3. MAKING MEETINGS MORE EFFECTIVE

Information in this section is adapted from Schmuck, Runkel, Arend and Arend (1977).

Therapists in educational settings are involved in a variety of meetings: staff meetings, IEP meetings, team meetings and planning meetings. Meetings play an important role because they provide a forum for communication, collaboration and problem solving that is not possible through memos, announcements or other avenues. And yet meetings can be a frustrating waste of time if they are disorganized.

Effective meetings include four features:

task and maintenance functions
group orientation and self orientation
leadership roles
follow through

Task and Maintenance Functions Task functions include initiating ideas or work procedures, seeking information or opinions from others, giving information or opinions and summarizing what has occurred. Maintenance functions include ensuring that others have a chance to speak and verify what they have heard, settling disagreements, sensing group mood and being warm and responsive to others.

Meetings are more effective when some members attend to how well the group is accomplishing its work and others stop working periodically to discuss the group's process. To be effective, a group must learn to deal effectively with its processes and to shift easily back to its main work.

Group Orientation and Self Orientation A second aspect of effective meetings that can be observed is the degree to which members engage in group-oriented rather than self-oriented behaviors. Unproductive behaviors such as fighting, withdrawing, blocking, avoiding depending on the formal leader, expressing indifference, sand bagging and keeping agendas hidden are self-oriented behaviors. Schirn (1969) believes that these types of self-oriented behaviors occur when groups fail to recognize or to deal with one or more of four underlying emotional issues of members: identity, control, needs and goals, and acceptance of intimacy. It also probably reflects low trust in the group.

Leadership Roles A third way to look for effectiveness in meetings is to observe how leadership is supplied within a single meeting or over a series of meetings and how group members share leadership. We define leadership as any behavior that helps the group carry forward its work or satisfy members' needs in constructive ways. Leadership is needed for:

- planning and preparing for meeting,
- setting goals by building an agenda,
- coordinating task business,
- keeping records of what happens,
- helping attend to group and interpersonal processes,
- evaluating how well activities have met goals, as well as how satisfying and helpful interpersonal processes have been, and
- planning ways of following though on plans.

These functions should be shared by all members of a group at the same time that individual members are assigned primary responsibility to see that certain special roles are performed effectively. These special roles include meeting organizer, convener, recorder, process observer, and follow-up monitor.

Follow Through Follow through, the fourth readily observable feature of meetings, occurs after the meeting. If requests pour in to the secretary's or principal's office for information about items discussed at the meeting, the meeting was probably ineffective in relaying that information. If staff members grumble in the faculty room about a decision made at a meeting, they probably did not feel free to contribute their own views. Tasks that are implemented with commitment and dispatch, however, give evidence of adequate preparation at the meeting.

DIAGNOSING MEETING PROBLEMS

The following Meeting Questionnaire can be used to pinpoint problems in specific meetings. The meeting that is to be analyzed should be identified and all team members should complete the questionnaire. After members complete the questionnaire individually, someone should tally all of the responses and the team members should discuss the results to pinpoint any problem areas. Then the team can use the five-step decision making process to target solution(s) for the identified problems.

Meeting Questionnaire

Meeting that is being assessed _____ **date** _____

Please rate the following items form 0-5 using the following scale. Please note that the 4 and 5 ratings are stated positively and the 0 and 1 items are stated negatively.

5 This is very typical of the meetings; it happens repeatedly.
4 This is fairly typical of the meeting; it happens often.
3 This is more typical than not; it happens sometimes.
2 This is more untypical than typical, though it happens now and then.
1 This is not untypical; it rarely happens.
0 This is not typical at all; it never happens.

1. ___ When problems come up in the meeting, they are thoroughly explored until everyone understands what the problem is.

2. ___ The first solution proposed is often accepted by the team.

3. ___ People come to the meeting not knowing what is to be presented or discusses.

4. ___ People ask why the problem exists and what the causes are.

5. ___ There are many problems which people are concerned about which never get on the agenda.

6. ___ There is a tendency to propose answers without really having thought the problem and its causes through carefully.

7. ___ The team discusses the pros and cons of several different alternate solutions to a problem.

8. ___ People bring up extraneous irrelevant matters.

9. ___ The average person in the meeting feels that his ideas have gotten into the discussion.

10. ___ Someone summarizes progress from time to time.

11. ___ Decisions are often left vague--as to what they are and who will carry them out.

12. ___ Either before the meeting or at its beginning, any team member can easily get items onto the agenda.

13. ___ People are afraid to be openly critical or make good objections.

14. ___ The team discusses and evaluates how decisions from previous meetings worked out.

15. ___ People do not take the time to really study or define the problem they are working on.

16. ___ The same few people seem to do most of the talking during the meeting.

17. ___ People hesitate to give their true feelings about problems which are discussed.

18. ___ When a decision is made, it is clear who should carry it out and when.

19. ___ There is a good deal of jumping from topic to topic--it's often unclear where the team is on the agenda.

20. ___ From time to time in the meeting, people openly discuss the feelings and working relationships in the team.

21. ___ The same problems seem to keep coming up over and over again from meeting to meeting.

22. ___ People don't seem to care about the meeting or want to get involved in it.

23. ___ When the team is thinking about a problem, at least two or three different solutions are suggested.

24. ___ When there is disagreement, it tends to be smoothed over or avoided.

25. ___ Some very creative solutions come out of this team.

26. ___ Many people remain silent.

27. ___ When conflicts over decisions come up, the team does not avoid them but really stays with the conflict and works it through.

28. ___ The results of the team's work are not worth the time it takes.

29. ___ People give their real feelings about what is happening during the meeting itself.

30. ___ People feel very committed to carry out the solutions arrived at by the team.

31. ___ When the team is supposedly working on a problem, it is really working on some other "under the table" problem.

32. ___ People feel antagonistic or negative during the meeting.

33. ___ There is no follow-up on how decisions reached at earlier meetings worked out in practice.

34. ___ Solutions and decisions are in accord with the chairman's or leader's point of view but not necessarily with that of the members.

35. ___ There are splits or deadlocks between factions or subteams.

36. ___ The discussion goes on and on without any decision being reached.

37. ___ People feel satisfied or positive during the meeting.

Another instrument, The Group Expectation Survey (Schmunk, Runkel, Arend & Arend, 1982), can be used to identify the expectations of the meeting participants.

GROUP EXPECTATION SURVEY The Group Expectation Survey enables group members to discover what kinds of information they want from others in the group and what kinds of information they are willing to give to others. Fosmire and Keutzer (1968) discuss protocols collected from a wide range of groups showing: 1) that group members usually say they are receptive to interpersonal feedback but perceive others as unwilling to give it, and 2) that group members usually say they would report their feelings candidly but doubt that others would do so. Fosmire, Keutzer, and Diller (1971) explain that the survey is useful not only for measuring and reporting data for discussion but for showing group members that attempts at openness might be safer than they had formerly believed.

Group Expectation Survey

Directions: Before each of the items below, put a number from the rating scale that best expresses your opinion.

RATING SCALE

5 all members of this group
4 all members except one or two
3 a slight majority of the members of this group
2 slightly less than half the members of this group
1 one or two members of this group
0 none of this group

Group Expectation Survey

How many members of this group do you expect will candidly report the following information during future team meetings?

1. ___ When he does not understand something you said?

2. ___ When he likes something you said or did?

3. ___ When he disagrees with something you said?

4. ___ When he thinks you have changed the subject or become irrelevant?

5. ___ When he feels impatient or irritated with something you said or did?

6. ___ When he feels hurt--rejected, embarrassed, or put down--by something you said or did?

To how many members will **you** candidly report the following information in future team meetings?

7. ___ When you do not understand something he said?

8. ___ When you like something he said or did?

9. ___ When you disagree with something he said?

10. ___ When you think he has changed the subject or become irrelevant?

11. ___ When you feel impatient or irritated with something he said or did?

12. ___ When you feel hurt--rejected, embarrassed, or put down--by something he said or did?

In your opinion, how many on this team are interested in knowing...

13. ___ When you do not understand something he said?

14. ___ When you like something he said or did?

15. ___ When you disagree with something he said?

16. ___ When you think he has changed the subject or become irrelevant?

17. ___ When you feel impatient or irritated with something he said or did?

18. ___ When you feel hurt--rejected, embarrassed, or put down--by something he said or did?

From how many members of this team are **you** interested in knowing...

19. ___ When he does not understand something you said?

20. ___ When he likes something you said?

21. ___ When he disagrees with something you said?

22. ___ When he thinks you have changed the subject or become irrelevant?

23. ___ When he feels impatient or irritated with something you said or did?

24. ___ When he feels hurt--rejected, embarrassed, or put down--by something you said or did?

SYMPTOMS OF A PROBLEM:

If you regularly observe the following behaviors in your team members, your team may be interested in examining the processes it uses and exploring ways to improve team functioning. Several of the references at the end of the manual address these areas.

- excessive nitpicking
- repetition of obvious points
- ignoring suggestions for improvement
- domination of discussion by two or three people
- polarization of members
- general inability to paraphrase another's point of view
- attack against ideas before they are completely expressed
- apathetic participation

REACHING AGREEMENT

As groups mature they develop behavioral standards which they may express either in an overt or an unspoken manner. For example, if a team establishes a regular meeting time and a member arrives 15 minutes late, she may be met with glares of disapproval as reminders that promptness is expressed. However, if the group considers being 15 minutes late as arriving early, she may be met by an empty room.

The establishment of procedural and behavioral standards provide a context for working where members can get things done without repeatedly reinventing the wheel. Behaviors that are accepted at the outset of a group's formation often become the norms later on. Eventually, norms evolve to cover every aspect of a team's functioning, including where and when the team meets, how formal the meetings are, who talks with whom, what records are kept and how dysfunctional roles are handled. Sometimes norms can be dysfunctional. For example, if a high status member dominates meetings by controlling communication and preventing or ignoring contrary opinions, she prevents full participation of members and cuts off the possibility of interactions that can lead to synergistic outcomes.

The protocol that teams follow when making decisions such as selecting alternatives during Step 3 of the decision-making process is governed by norms. For example:

Unanimous Consent The team considers the pros and cons of possible courses of action and members agree on one as being best. This results in strong member commitment.

Consensus Most team members agree on one alternative among many viable alternatives. Members agree to support the majority choice even when they prefer a different alternative. Consensus results in a strong commitment by members.

Majority Rule Pros and cons are discussed and a vote is taken resulting in winners and losers. Although the majority of members support the decisions, the extent of the "loser's" commitment is unknown.

Authority Rule The leader makes the selection. Even if she polls the members to determine the extent of their support, the actual commitment of the team is unknown.

Minority Rule A small group forms a coalition to support a particular course of action. Although most members disagree, few voice their opposition. The resulting decision has the full support of only a few members.

When selecting alternative plans, the ideal decision-making method is unanimous consent. If all team members agree that a particular alternative is best, they each will be more willing to work toward getting it implemented. If unanimous consent is not possible, consensus is the most effective method because it allows members to voice their concerns and to negotiate a compromise.

4. GUIDELINES FOR TRAINING OTHERS

Often therapists must train others in the student's educational setting to carry out activities such as feeding or toileting. The following guidelines for training others are based on OAR 399-10-020 which relates specifically to occupational therapy, but they may be useful to other professionals who train others.

Before training is conducted, the therapist evaluates the student and develops an intervention plan that includes direct service from the licensed therapist and activities that will be carried out by others.

1. The therapist determines who in the setting can carry out the parts of the intervention that must occur as part of the instructional routines.

2. The therapist trains the designated person. This person must be an employee of the education agency (not a peer or volunteer of the targeted student).

3. The person being trained demonstrates the procedures without prompting from the therapist.

4. The person being trained names the restrictions put on the procedure by the therapist and points out safety factors and precautions without prompting.

5. The therapist writes therapy goals and objectives and clearly defines what will be included in direct therapy and what will be provided by others as part of an instructional routine.

6. A therapist who is monitoring a portion of a student's educational program must make frequent and consistent contact with the student and conduct re-evaluation and assessment on a regular basis.

The TIES videotape, The Art of Coaching: Training Nontherapists in the Functional and Physical Management of Students may be useful in developing training plans. It presents a step-by-step process for coaching adults to perform their tasks, discusses coaching considerations and dispels myths people have about teaching other adults.

HELPING PEOPLE ACCEPT CHANGE

There is a predictable progression in the process of change. Therapist-consultants may enter into a consultative relationship at different stages of the change process. Because the stage of the process determines which activities need to be done, it is important that both the therapist-consultant and the teacher-client recognize what stage they are in.

Four major stages are described below along with a discussion of the therapist-consultant's role at each stage.

"Something is wrong but we don't know what." Common signs at this stage include the following.

- low staff morale
- frequent interpersonal conflicts

- boredom
- confusion about goals and objectives
- irritability, frustration and resistance

At this stage the therapist-consultant can help the teacher-client recognize that these signs are indicators of confusion and help the teacher-client to define problems in operational terms. For example, some problems stated operationally are,

> Jimmy falls asleep each day in school.
> Melony won't eat.
> We can't figure out how to place the computer so Jimmy can use it.

The teacher-client may no longer need the services of a therapist-consultant if he can deal with the problems once they are defined operationally.

"We know what's wrong, but we don't know what to do about it." Once a client can define problems operationally, he must decide what he will do to solve the problems and select the most desirable and feasible solutions. Here the therapist-consultant can help the teacher-client design ways to generate and select strategies for solving the problems. This step includes planning how to implement the solutions and establishing specific outcomes of intervention, tentative action plans, person-task responsibilities, time frames and cost projections. With an action plan in place, the teacher-client's need for consultative services may end if he can implement the solutions unassisted.

"We know what's wrong and what do to solve it. We don't have the ability to implement the solution." Most requests for consultation begin and end with the teacher-client asking the therapist-consultant to solve the problem by doing something specific such as teach the student to feed himself, get a new wheelchair, or explain to Harry's mom why it is important for him to go swimming with the class. Such requests indicate that the teacher-client has decided what intervention is needed to solve a particular problem. Given this situation, the therapist-consultant should examine the teacher-client's problem solving before delivering the requested intervention. If the teacher-client has misdiagnosed his problem, the intervention will add to his problems rather than solve them.

When teacher-clients do define their problems and select tentative strategies for solving them, the therapist-consultant can help them increase their ability to implement the strategies. Therapist-consultants should identify outcomes for any training activity with the teacher-client. Training can be stimulating and fun and relaxing, but it will be useless without a clear understanding of how to use it after the training is over.

"We know what's wrong, what to do about it and how to do it, but we can't get motivated to follow-through with our solutions." The road to mediocracy is littered with good intentions and poor follow-through. Conducting a well chosen inservice training behavior program, conflict management strategies, retreats, fund raising campaigns or new staff development and evaluation plans can end a program's plans to resolve organizational problems. Sustained effort is needed to examine the effects of the consultation. Therapist-consultants can help programs at this stage of change in much the same way skill trainers and direct care staff help residents perform newly acquired skills independently.

Motivation and trouble shooting are needed in any change effort and therapist-consultants can help teacher-client's to maintain motivation over extended periods of time that are needed before change is intact.

Adapted liberally from Andrew R. Byrne

HOW PEOPLE ACCEPT NEW IDEAS

Therapists acting as consultants often introduce ideas that are new to others. Because people accept new ideas at different rates and in different ways, it is useful to recognize these variations. Five distinct mental stages have been identified in the process by which people accept new ideas. There is evidence that people can designate points in time when they went through each stage, although they may go through these stages at different rates.

awareness stage At this stage, people know about the existence of the idea but lack the details concerning it.

interest stage Here, people want more information about the idea and apply how it works and what its potentialities are.

evaluation stage At this third stage, people mentally try the idea and apply information obtained in the previous stages to their own situations.

trial stage If people decide the idea has possibilities, they will try it experimentally on a small scale. People need to test a new idea even if they have a lot of information about it and have thought about it for a long time.

adoption stage This stage is characterized by large-scale, continued use of the idea, and, most of all, by satisfaction with the idea. People have accepted the idea as good and intend to include it in their activities.

DIFFERENCES AMONG INDIVIDUALS The ease with which people adopt new ideas differs from person to person. These differences are seen in almost all communities such as neighborhoods, churches, professions and schools. Some people adopt new ideas when they are first introduced, others wait a long time, while some never adopt an idea. Five categories have been identified for the rate of adoption of new ideas.

innovators These people who are first to adopt new ideas share some of the following characteristics. They can afford to take come calculated risks. They represent community standards, are active in their community, have extra community contact, get ideas directly from colleagues and subscribe to specialized publications. Most communities have only two or three innovators.

early adopters Early adopters, the second group to adopt new ideas are younger than those who move more slowly. They participate in formal community activities through organizations.

early majority After this third group begins to adopt, the number of adopters increases rapidly. Early majority adopters value highly the opinions of their friends and neighbors, and are likely to be informal leaders and to associate mainly in their own communities.

majority Older and less educated than the early majority, people in this group belong to significantly fewer groups and are less active than those who adopted earlier.

non-adopters These people are the oldest, have the least education, and participate the least in formal organizations and government agency programs.

Knowing that people accept change differently and at different rates can help the therapist-consultant plan to maximize the likelihood that her ideas will be accepted.

This information about accepting change is taken from the book, The Process of Change by Drs. George Beal and Joe Bohlen.

5. DEALING WITH IRATE PEOPLE*

This section was adapted from "The Office Professional". With permission of the publishers, Professional Training Associates, Inc., we have changed some of the examples so they portray the kinds of situations that therapists are likely to encounter. Professional Training Associates is located at 212 Commerce Boulevard, Round Rock, TX 78664-2116, tel. 1-800-822-7824 (annual subscription rate is $36.00).

> **TENSION** The therapist looked up as the irate mother burst into the classroom. Fury etched tense lines on the woman's face as she shouted, "Who said my son couldn't ride the school bus for a month? What kind of incompetents does this school system hire to drive buses? Can't they control the behavior of little children? How do you propose he get to school? Obviously, nobody around here cares about that!"
>
> **PRESSURE** An irate administrator waving a purchase order for new equipment approached the therapist. He said, "This P.O. was dumped on my desk with no explanation of why the equipment is needed. I am tired of having this happen. If you can't follow the rules, I will look for a new therapist!"
>
> **PAIN** An instructional assistant, close to tears, approached the therapist and said, "I was so embarrassed. I was carrying out the program you had suggested and the teacher told me it was stupid and a waste of time. I was mortified. No apology can ever make up for my embarrassment. I think I'll work somewhere where I am appreciated."

Therapists often stand in the front line when it comes to handling irate parents, clients, and colleagues. Explosive situations present themselves without warning. Therapists and other school personnel tend to be people who enjoy keeping everyone happy, enjoy assisting others, and receive job satisfaction from contributing to the sense of well-being of others. People who fit this personality profile are likely to experience extreme discomfort when confronted with acute anger. For this reason, therapists should develop skills for handling angry people and learn how to mentally rehearse their role before the next crisis occurs.

COMPLEMENTARY TRANSACTION - A CRUCIAL SKILL

Therapists can learn specific human relations skills from the study of Transactional Analysis. Psychologist Dr. Eric Berne, who developed the transactional analysis theory, wrote Games People Play and What Do You Say AFter You Say Hello? He says that all conversations are transactions that can be classified as either complementary or crossed. "Crossed" transactions result in arguments, hurt feelings, and broken relationships. A crossed transaction creates tension.

A "complementary" transaction reduces tension and moves the conversation toward a positive resolution. Notice that complementary is spelled with an "e". This skill has nothing to do with complimenting the other person. Rather, it has to do with tailoring your response precisely to the actions and words of the other person just as a complementary angle completes a circle.

Fitting a complementary response into a tense situation is almost like achieving harmony in singing. You must hit exactly the right tone. Correct timing is also essential. You can practice this skill in everyday conversation.

example

statement	**crossed response**	**complementary response**
"I can hardly wait for better weather so I can play golf."	"I never have been able to understand why some people enjoy chasing that silly white ball around."	"I know how you feel, I'm looking forward to getting out in my garden."

Success in dealing with angry people depends largely on choosing the proper response! If you habitually practice complementary response in everyday conversations like the one above, that skill will be ready when you need it in conflict situations.

CAN I SAY "NO"?

Using complementary dialogue does not imply that you must agree to be manipulated by the anger of others, that you can never say "no", or that you will ultimately agree with the claims of the other person. It does lower the emotional pitch of the situation, ease the way to getting the facts, and defuse hostility that is inappropriately aimed at you personally.

In emotional situations, feelings almost always take priority over facts. Recognizing the person's feelings is more important in the first minute or two than getting the facts, solving the problem, or referring the case to someone of higher authority.

THE FIRST FOUR MINUTES

The pace of your response is important. The angry person is attempting, through emotionalism, to communicate how urgent the problem seems to him. He wants you to feel his urgency and respond to it with something of his own intensity.

After a minute or two, you should have progressed into fact-finding questions, and by the time four minutes have passed--at the longest--you should be communicating some possible solutions.

Why four minutes? Leonard Zunin, M.D., Human Relations Consultant from Los Angeles, in his book, Contact: The First Four Minutes, talks of "breaking the four-minute barrier." If you haven't made discernible progress within four minutes, the other person may give up on you. Zunin says, "Why four minutes? It is not an arbitrary interval. Rather it is the average time, demonstrated by careful observation, during which strangers in a social situation interact **before** they decide to part or continue their encounter." During this important four minutes, what should you do?

SUCCESS FORMULA

Immediate First Response

1. **Get on the same level physically as the angry person.** Stand up if the angry person is standing. If it seems more natural, invite the other person to sit down, and yo also sit down. Establish a comfortable conversational distance between you--probably six to eight feet apart. Establish eye contact. Looking at the angry person will enable you to judge the emotional content of the words as well as the facts.

2. **Your facial expression, body position, gestures, and tone of voice should show your concern for the upset person.**

3. **Give the person your undivided, active attention.** Show your sincere interest.

4. **If the angry accusations are noisy and are disturbing to other people, consider taking the person to a private place if one is available.**

5. **Start complementary interactive dialogue.**

Examples of answers to "Tension, Pressure and Pain" on page 35.

statement	crossed response	complementary response
"What kind of incompetents does this school system hire to drive buses?"	"Please calm down. There is a meeting going on in the next room."	"I'm sorry you're upset. I'd like to help you." (Segue or shift smoothly into fact-finding questions.) "Who told you your son couldn't ride the bus anymore?"
"I am tired of having this happen. If you can't follow the rules, I will look for a new therapist."	"As a professional I know what a student needs. Why should I have to explain it?"	"I can understand how upsetting that can be with the budget constraints you must face. (Segue to fact-finding questions.) "How do you want this to be handled differently?"
"The teacher told me I was stupid and the program was a waste of time. I was mortified. No apology can ever make up for my embarrassment."	"So, can't you take a little criticism? That sort of thing happens."	"I'm sure it was embarrassing to have that happen. (Segue to fact-finding questions.) "Which program was the teacher upset about?"

Get the Facts

6. **Ask questions with the goal of determining who the angry person should see or what should be done.**

7. **Interact with the person telling the story in order to fully understand what happened and to accomplish your purpose as quickly as possible.** Say things like, "What did you do then?" "Who told you that?" "I don't understand." "Could you give me an example?" "Why did you think that?" "Tell me more about that." Nod your head to encourage the speaker. Repeat important words.

8. **Take notes.** Write down names, dates, amounts of money, other relevant numbers. Repeat the story back to the person who is upset to be sure you have the facts straight.

9. **Ask how the person feels about what has happened, and try to discover why he feels that way.**

10. **Listen carefully** to remedies he has already tried.

Take action

11. Even if you believe the complaint is essentially in error, **acknowledge whatever is right about it.**

    a. "You are correct in saying..."
    b. "It does sound like..."

12. At this stage of negotiation, **think of yourself as an ombudsman** representing the irate person's interest to your school rather than as an employee defending school policies or a colleague's behavior.

13. **Try to keep the irate person from taking any action that will make the problem worse.**

14. **Explain to the person who is irate what you are going to do and how long it is likely to take.** At every step, keep him informed. He should be reassured that you are on his side. He should feel that he is no longer alone with his problem in an adversarial predicament. You are his ally in solving the problem.

15. As soon as you know who should be called, **pick up the phone and call the person who can be of assistance to the angry person.**

On the Other Hand

16. **Accept a complaint as if you welcomed it.** Show no resentment, but be alert for inaccurate claims.

17. **Admit the error if one has been made. Do not excuse the error or minimize it.** "Mistakes do happen," may sound good to you (may even be true), but you can be sure that will not sound good to an irate person.

18. Delay in taking correct action is often unavoidable. However, delay makes the situation seem more difficult to an irate person. If a final solution cannot be achieved immediately, take a mutually satisfactory interim step.

    a. "I have all these facts. I will give them to the principal when he returns and call you as soon as I have talked with him."

    b. I will be happy to... Will that be satisfactory to you? No? What would you like me to do for you? I'm sorry, I don't have the authority to do that, but I would be happy to do anything I can." A dialogue of this type often prompts a degree of reason in a person who is making unreasonable demands. He is forced to ponder the realistic limits of your authority.

19. **Take whatever action you can, independently.** The more difficult situations you are able to manage alone, the more valuable you become to your employer. However, be sure to report to your supervisor at any parent's complaints. Also, bear in mind that there are real cranks and kooks who complain. What you say, especially in writing, can be held against you and your district in a lawsuit or a complaint to a hearing board.

20. **Show the irate person you care.** If necessary, offer to follow up for him, but don't admit the complaint is widespread or even that it has happened before.

When You Must Say "No"

21. **Explain why the ;answer is "no".**

22. **Tell how the error occurred** or why the cause of the complaint arose.

23. **Show that the policy is fair** and that a different policy would lead to greater problems.

24. **Show that you respect the person** and want to keep him as a co-worker, client or friend.

25. **Say that you are sorry you could not do what he wanted.**

Every complaint is an opportunity to improve your relationship with a person. You can accomplish that goal a large percentage of the time by developing superior communication skills, keeping calm, and proving through your actions that you and other staff are competent, caring, willing and able to correct errors as quickly as possible.

Always, when adults have differences about a child, the welfare of the child must be the adults' primary concern. When people are angry, they may lose sight of this and need to be reminded about their ultimate concern. When dealing with people whose anger is interfering with this, it may be helpful to say something such as, "I know your first concern is Jimmy's welfare. I am certain that by working together we can attend to that."

If action is needed that requires a change in policy or program plans, the five-step decision making process can be useful. Keep in mind people's varying reactions and ability to accept change. But most of all remember that people can change and helping them to do so is worth the effort.

APPENDIX

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RESOURCE MATERIALS

LITERATURE	SOURCE
Collaborative Problem Solving for Regular and Special Educators in a Rural School Setting **Cost of copying**	F.J. (Nick) Nicassio Umatilla ESD (and Milton-Frewater Ferndale District 10) 412 SE Dorion St. Pendleton, OR 97801-0038 (503) 276-6616
Communication at Work, Gilmore, Susan K., & Fraleigh, Patrick W. (communication style) **$8.95**	Leona Tyler Center 2744 Friendly Eugene, OR 97405 (503) 686-9874
Consulting Process in Action Lippet, G. & Lippet, R. (a classic, covers everything need to know **$15.50**	Learning Concepts/University Asoc. 8517 Production Ave. San Diego, CA 92121 (619) 578-5900
Developing Consultation Skills, Parsons, R.D. & Meyers, J. (1984) (exercises for self-analysis and practice) **$19.95**	Jossey-Bass, Inc. 433 California St. San Francisco, CA 94104 (415) 433-1740
Guide for Consultation **Cost of typing**	Jerry Sessions Jackson ESD 101 N. Grape Medford, OR 9501-2793 (503) 776-8552
Flawless Consulting: A Guide to Getting Your Expertise Used (1981) Block, P. (How to's for first three stages of consulting) **$21.95**	Learning Concepts/University Asoc. 8517 Production Ave. San Diego, CA 92121 (619) 578-5900
The Handbook of Organizational Development in Schools, 3rd edition, (1988) Schmuck R.A. and Runkel, P.J. **$19.95**	Waveland Press, Inc. P.O. Box 400 Prospect Heights, IL 60070 (312) 634-0081
The Homecoming Model: Educating Students who Present Intensive Educational Challenges Within Regular Educational Environments A Guide for Establishing Shared Responsibility, Burlington, VT **Cost of copying**	The Homecoming Project Center for Dev. Disabilities 499 C Waterman Building University of Vermont Burlington, VT 05405 In Oregon, contact Dave Templeman at Teaching Research, Monmouth, OR

How to Make Meetings Work Doyle, M and Straus, D. A Jone Book **$10.95**	B. Dalton Book Stores
Project Bridge: Decision Making for Early Services: A Team Approach (team dynamics, group processes, group characteristics) **No charge**	Jerry Smith CDRC/OHSU P.O. Box 574 Portland, OR 97207-0574 (503) 279-8364
Reaching Out: Interpersonal Effectiveness and Self-Actualization (1986) Johnson, D.W. **$22.95**	Prentice-Hall Englewood Cliffs, NJ 07632
You Can Negotiate Just About Anything (1980) Cohen, H. (Best selling paperback, good introduction to a win-win approach) **$12.00**	Bantam 666 Fifth Avenue New York, NY 10019 (212) 765-6500